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PTO/SB/21 (08-03) Approved for use through 07/31/2006. OMB 0651-0031 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number	10/791,915
Filing Date	3/3/2004
First Named Inventor	Ron L. Hale
Art Unit	1616
Examiner Name	
Attorney Docket Number	00040.03CON

		ENCLOSU	IRES (check all that and	olv)	
Fee Transmitta Fee Att Amendment / After I Affidat Extension of T	ached Reply Final vits/declaration(s)	Drawing(s Licensing- Petition Petition to Provisiona Power of A Change of			After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): 1. Request for Withdrawal as
Information Dis Certified Copy Document(s) Response to I Incomplete Ap	Missing Parts/		for Refund		Request for Withdrawal as Attorney or Agent (in triplicate)-3 pages Return Receipt Postcard
Firm or Individual name Signature Date	SIGNATUR Elaine C. Stracker - 4 Menne DEC. 1 3 2004	3,166	NT, ATTORNEY, OR AGE	INT	
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Typed or printed name Elaine C. Stracker DEC. 1 3 2004 Signature Date

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/791,915	
Filing Date	3/3/2004	
First Named Inventor	Ron L. Hale	
Art Unit	1616	
Examiner Name		
Attorney Docket Number	00040.03CON	

To: Commissioner for P.O. Box 1450 Alexandria, VA 223						
I hereby apply to withdraw as attorney or agent for the above identified patent application.						
The reasons for this request are:						
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.						
CORRESPONDENCE ADDRESS						
1. The corresponden	ce address is NOT affected by this with					
Change the correspondence address and direct all future correspondence to:						
Customer Number						
OR L						
Firm or Individual Name IP Department (Alexza MDC)						
Address	1001 East Meadow Circle					
Address						
City	Palo Alto	State CA			ZIP	94303
Country						
Telephone		Fax				
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or						
the attorneys/agents associated with Customer Number This request is enclosed in triplicate (including any attachments).						
	C. Stracker					
Signature	71 600	Registra	tion No.	43,10	56	
Date DEC.	1 3 2004					
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.